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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. The New Jerusalem Love II Party 87 State St ADDRESS (number and street) Unit 665 (Check if address is changed) Montpelier 05602 VT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JohnGaultEarthsSalt@gmail.com (Check if address is changed) Optional Second E-Mail Address JohnGaultEarthSalt@Gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00747030 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Sanderson, Nicholas, , , Type or Print Name of Treasurer Sanderson, Nicholas, , , [Electronically Filed] 05 26 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) Page 2 |
|-------------|----------------|--|
| | | OMMITTEE |
| | ididate | e Committee: |
| (a) | Н | This committee is a principal campaign committee. (Complete the candidate information below.) |
| (b) | x | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) |
| Nam Can | didate | Presidential, James, Sanders, , |
| | didate | Office State |
| Party | / Affiliation | on US1 Sought: House Senate Fresident District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Nam Cand | e of didate | |
| Par | ty Con | nmittee: |
| (d) | | (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party |
| Poli | tical A | ction Committee (PAC): |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is |
| | | Corporation Corporation w/o Capital Stock Labor Organization |
| | | Membership Organization Trade Association Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee) |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| Join | t Fund | Iraising Representative: |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | FEC ID number |
| | 2. | FEC ID number |
| | 3. | FEC ID number |
| | 4. | |

| FEC Form 1 (Revised 0 | 2/2009) | Page 3 |
|--|---|----------------------|
| Write or Type Committee Name | · | |
| The New Jerusa | alem Love II Party | |
| 6. Name of Any Connected O | rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersl | nip PAC Sponsor |
| BERNIE 2020 | | |
| Mailing Address | P.O. BOX 391 | |
| | BURLINGTON VT 05402 CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee | ndership PAC Sponsor |
| Custodian of Records: Ident books and records. | ify by name, address (phone number optional) and position of the person in pos | session of committee |
| Full Name Haggard, L | PO Box 665 Montpelier VT 05601 | |
| Title or Position | CITY STATE | ZIP CODE |
| | Telephone number | |
| 3. Treasurer: List the name and any designated agent (e.g., as | address (phone number optional) of the treasurer of the committee; and the nar ssistant treasurer). | ne and address of |
| of Treasurer | Nicholas, , , | |
| Mailing Address | Montpelier VT 05601 CITY STATE | ZIP CODE |
| Title or Position Treasurer | | 498 - 4004 |

| Full Name of Designated Agent | Gault, John, , , Squire | |
|---|---|-------------|
| Mailing Address | 139 Pilfershire Rd | |
| | 2nd Floor Unit 3 | |
| | Eastford CT 06242 | _1 |
| | CITY STATE ZIP CO | DDE |
| Title or Position Compliance | | - 4282 |
| Banks or Other | Depositories: List all banks or other depositories in which the committee deposits funds, holds accou | ints, rents |
| safety deposit box | ixes or maintains funds. | , |
| safety deposit box Name of Bank, D | oxes or maintains funds. | · |
| safety deposit box Name of Bank, D | oxes or maintains funds. Depository, etc. | |
| safety deposit box Name of Bank, D | oxes or maintains funds. | |
| safety deposit box Name of Bank, D | oxes or maintains funds. Depository, etc. | |
| safety deposit boy Name of Bank, D | Depository, etc. Metabank Netspend | |
| safety deposit boy Name of Bank, D | Depository, etc. Metabank Netspend | |
| safety deposit boy Name of Bank, D | Depository, etc. Metabank Netspend Virtual | |
| safety deposit boy Name of Bank, D | Depository, etc. Metabank Netspend Virtual Any CITY STATE ZIP CO | |
| safety deposit box Name of Bank, D Mailing Address Name of Bank, D | Depository, etc. Metabank Netspend Virtual Any CITY STATE ZIP CO Depository, etc. | |
| safety deposit box Name of Bank, D Mailing Address Name of Bank, D | Depository, etc. Metabank Netspend Virtual Any CITY STATE ZIP CO | |
| safety deposit box Name of Bank, D Mailing Address Name of Bank, D | Depository, etc. Metabank Netspend Virtual Any CITY STATE ZIP CO Depository, etc. | |
| safety deposit book Name of Bank, D Mailing Address Name of Bank, D | Depository, etc. Metabank Netspend Virtual Any CITY STATE ZIP CO Depository, etc. | |
| safety deposit book Name of Bank, D Mailing Address Name of Bank, D | Depository, etc. Metabank Netspend Virtual Any CITY STATE ZIP CO Depository, etc. | |

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ≠ H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

Joint fund raising as an independent party including but not limited to Bernie Sanders for Senate 2024 Independent ID: S4VT00033 and Bernie Sanders for President 2020 VT Democratic Party ID P60007168. Your website seems to have some glitches. I know html and could possibly help you fix that among other things. Sincerely, James E. Sanders For President The New Jerusalem Love II Party

Form/Schedule: F1N Transaction ID:

Dear Sirs, Please expedite this request ASAP as I am dislocated and affected by COVID19 and Hundreds of Thousands of Voters Could Not Register For The Elections. The Independent New Jerusalem Love II Party of Sanders & Sanders 2020 will be a New American Revolution leading to a New Jerusalem. Selah!

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines

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| (h). Joint Fundraising | g Participant: | | | |
|--|----------------------------|------------------------------|----------------------|----------------------------|
| 1. | | | FEC ID number | С |
| 2. | | | FEC ID number | C |
| 3. | | | FEC ID number | С |
| 4. | | | FEC ID number | C |
| ame of Any Connected | Organization, Affiliated (| Committee, Joint Fundra | aising Representativ | ve, or Leadership PAC Spon |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| Relationship: | | CITY A | STATE A | ZIP CODE ▲ |
| | | | Fundraising Represen | tative Leadership PAC S |
| | | | | Laure C |
| esignated Agent: Identify | | | | |
| esignated Agent: Identify Full Name | | | | |
| esignated Agent: Identify Full Name | | | | |
| esignated Agent: Identify Full Name | by name, address (phon | | STATE A | |
| esignated Agent: Identify Full Name | by name, address (phon | e number – optional) | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma | by name, address (phon | e number – optional) TY Te | STATE A | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma | by name, address (phon | e number – optional) TY Te | STATE A | ZIP CODE A |
| Full Name | by name, address (phon | e number – optional) TY Te | STATE A | ZIP CODE A |